

**REMARKS**

Applicant is canceling the non-elected claims herewith. New claims are being added.


For	Number Filed	Number Previously Paid for	Number Extra	Rate sm/lg ent.	Fee
Total Claims	21	- 25	0	x \$9/18	\$0.00
Independent Claims	5	- 6	0	x \$40/80	\$0.00
Multiple Dependent Claims	No			\$270/135	\$0.00
Total Filing Fee					\$0.00

Applicant does not believe that any further fee is due for the new claims. Please charge our  
Deposit Account No. 50-1039 for any deficiency.

Favorable consideration is earnestly solicited.

Respectfully submitted,

Date: September 29, 2003

  
Mark J. Murphy  
Registration No. 34,225

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